

FILED FEB 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 898

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 009	
1. PLACE OF DEATH a. COUNTY GRUNDY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GRUNDY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1 Trenton, Mo. 0402			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1301 Tindall Ave.				d. STREET ADDRESS (If rural, give location) 1301 Tindall Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) E.		c. (Last) Gates	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Aug. 4, 1864		9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME William Gates		13b. MOTHER'S MAIDEN NAME Polly Harper		14. NAME OF HUSBAND OR WIFE Agnes Davis Gates	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Elva Williams Trenton Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis 2 years ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4222			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1st, 1950, to Jan 16th, 1950, that I last saw the deceased alive on Dec 20th, 1949, and that death occurred at 2 p.m., from the causes and on the date stated above.				23a. SIGNATURE Oliver F. Duffey M.D. (Degree or title)			
23b. ADDRESS Trenton Mo.		23c. DATE SIGNED Jan 16th 1950		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE 1/17/1951		24c. NAME OF CEMETERY OR CREMATORY Martin Cemetery		24d. LOCATION (City, town, or county) (State) Tindall, Missouri			
DATE REC'D BY LOCAL REG. 1-17-51		REGISTRAR'S SIGNATURE Irene Fair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles D. Siggeon Trenton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Charles D. Simpson

Licensed Embalmer No. 3109

P. O. Address Trenton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.